

RECEIVED
FEC MAIL CENTER
JAN 21 AM 11:52

Agenda USA

Political Action Committee

January 18, 2015

Mr. Kevin Fortkiewicz
Federal Election Commission
999 E street, NW
Washington, DC 20463

RE: Submission of FORM 3x For Period Ending Jan.31.2015

Committee ID Number: C00580936

Dear Mr. Fortkiewicz:

First of all, Thank You for speaking with our committee in November concerning questions we had regarding our very first filing. As you mentioned, some committees (like ours) with little or no activity would only need to complete the first few pages of the Form 3x.

However, *out of respect for the process*, I went ahead and did the entire form with the vast majority of responses being not-applicable. We decided **to err on the side of caution by submitting ALL pages.**

We have done NO fundraising except for the one contribution required to open our committees bank account. The contribution was \$ 100 which minus the banks 'processing fee' left a balance of \$ 83.45.

Post Office Box 3193 LaVale, MD 21504

<http://www.agendausa.org>



email: director@agendausa.org

Paid for by Agenda USA and not authorized by any candidate or candidate's committee

Additionally we have conducted NO further fundraising at present due the fact that I am presently caring for an elderly relative with a long term illness that requires my full attention. I am sure you can understand my current situation.

So, in sum we have one contribution, NO Loans, Lines of Credit, Disbursements, Debts, Obligations, Allocation Rations, Levin Funds or other functions to report.

We do hope to be able to resume fundraising once we get closer to the actual election.

Thank you for your kind consideration and as I mentioned to you when we spoke, any mistakes we might have made on the form were purely unintentional due to inexperience with the process.

Respectfully,



Diane Kline

AgendaUSA

PO Box 3193

Lavale, MD 21504

Committee email – director@agendausa.org

2019-01-21 PM 00:04:00

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 JAN 21 AM 11:52
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

AgendaUSA

ADDRESS (number and street)

Post Office Box 3193

Check if different
than previously
reported. (ACC)

Lavale

MD

21504

FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00580936

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☒ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

07 /

06 /

2015

through

12 /

31 /

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DIANE L. KLINE

Signature of Treasurer

Diane L. Kline

Date

01 /

11 /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE
RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

Agendausa

Report Covering the Period:

From:

M M
07D D / Y Y Y Y
06 2015

To:

M M / D D / Y Y Y Y
12 31 2015COLUMN A
This PeriodCOLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand

January 1,

Y Y Y Y
83.45

83.45

(b) Cash on Hand at

Beginning of Reporting Period.....

, , 83.45

(c) Total Receipts (from Line 19)

, , 83.45

(d) Subtotal (add Lines 6(b) and

6(c) for Column A and Lines

6(a) and 6(c) for Column B)

, ,

7. Total Disbursements (from Line 31)

, 0

8. Cash on Hand at Close of

Reporting Period

(subtract Line 7 from Line 6(d))

, , 83.45

83.45

9. Debts and Obligations Owed TO

the Committee (Itemize all on

Schedule C and/or Schedule D)

, 0

10. Debts and Obligations Owed BY

the Committee (Itemize all on

Schedule C and/or Schedule D)

, 0

This committee has qualified as a multicand

idate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463Toll Free 800-424-9530
Local 202-694-1100

Page 3

Agenda

MM / DD / YYYY
07 / 06 / 2015

MM / DD / YY
12 / 31 / 2015

COLUMN B
Calendar Year-to-Date

-

A vertical strip of 15 horizontal bars, each containing a repeating pattern of small, stylized, dark, irregular shapes. The shapes are arranged in a regular, repeating sequence along the length of each bar. The overall appearance is that of a decorative or technical element, possibly a barcode or a stylized text representation.

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)) ►
20. Total Federal Receipts
(subtract Line 18(c) from Line 19) ►

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
- (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
- (i) Federal Share
- (ii) Non-Federal Share.....
- (b) Other Federal Operating Expenditures
- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))
22. Transfers to Affiliated/Other Party Committees.....
23. Contributions to Federal Candidates/Committees and Other Political Committees.....
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....
26. Loan Repayments Made,.....
27. Loans Made.....
28. Refunds of Contributions To:
- (a) Individuals/Persons Other Than Political Committees
- (b) Political Party Committees
- (c) Other Political Committees (such as PACs).....
- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....
29. Other Disbursements
30. Federal Election Activity (52 U.S.C. § 3010)
- (a) Allocated Federal Election Activity (from Schedule H6)
- (i) Federal Share
- (ii) "Levin" Share.....
- (b) Federal Election Activity Paid Entirely With Federal Funds
- (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Agendausa

Full Name (Last, First, Middle Initial)

A. Dawson, William

Mailing Address

22 Lane Avenue

City

Cumberland

State

Md

Zip Code

21502

FEC ID number of contributing
federal political committee.

C

Name of Employer

USMC Retired

Occupation

Major Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

09/30/2015

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

n/a

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

n/a

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Agendausa

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

M M / D D / Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

B.

Date of Disbursement

Mailing Address

M M / D D / Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C.

Date of Disbursement

Mailing Address

M M / D D / Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Agenda usa

LOAN SOURCE Full Name (Last, First, Middle Initial)

n/a

Mailing Address

City

State

ZIP Code

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

n/a

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

n/a

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

n/a

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

n/a

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ➤

TOTALS This Period (last page in this line only) ➤

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <i>Agendausa</i>		FEC IDENTIFICATION NUMBER <i>C00580936</i>	
LENDING INSTITUTION (LENDER) Full Name <i>n/a</i>		Amount of Loan _____, _____, _____ Interest Rate (APR) _____%	
Mailing Address _____ City _____ State _____ Zip Code _____		Date Incurred or Established ____/____/____ Date Due ____/____/____	
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred ____/____/____</p> <p>B. If line of credit, Total Outstanding Balance: _____ Amount of this Draw: _____, _____, _____</p> <p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p> <p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the estimated value? _____</p> <p>A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____ Date account established: ____/____/____ Address: _____ ____/____/____ City, State, Zip: _____</p> <p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</p>			
G. COMMITTEE TREASURER Typed Name _____ Signature _____		DATE ____/____/____	
H. Attach a signed copy of the loan agreement.			
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.</p> <p>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.</p> <p>III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</p>			
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____		DATE ____/____/____	
Title _____			

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

Agenda USA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

n/a

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

n/a

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

n/a

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

Agenda usa

FEC IDENTIFICATION NUMBER ▼

C 00580936

Check if ☐ 24-hour report ☐ 48-hour report

☐ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name of Payee

n/a

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y

Amount

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y

Name of Federal Candidate

☐ Support

☐ Oppose

Office Sought:

☐ House

District: _____

☐ President

☐ Senate

State: _____

Calendar Year-To-Date
Per Election for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ►

Full Name of Payee

n/a

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y

Amount

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y

Name of Federal Candidate

☐ Support

☐ Oppose

Office Sought:

☐ House

District: _____

☐ President

☐ Senate

State: _____

Calendar Year-To-Date
Per Election for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures..... ►

(b) SUBTOTAL of Unitemized Independent Expenditures..... ►

(c) TOTAL Independent Expenditures..... ►

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

n/a

Date

M M / D D / Y Y Y Y Y Y

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Agenda USA</i>		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee	
		Mailing Address	
		City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee <i>n/a</i>				Purpose of Expenditure		<input type="checkbox"/> Category/ Type	
Mailing Address				Date		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City		State		Zip Code			
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>				Amount <input type="checkbox"/>			
Full Name (Last, First, Middle Initial) of Each Payee <i>n/a</i>				Purpose of Expenditure		<input type="checkbox"/> Category/ Type	
Mailing Address				Date		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City		State		Zip Code			
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>				Amount <input type="checkbox"/>			
Full Name (Last, First, Middle Initial) of Each Payee <i>n/a</i>				Purpose of Expenditure		<input type="checkbox"/> Category/ Type	
Mailing Address				Date		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City		State		Zip Code			
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>				Amount <input type="checkbox"/>			
SUBTOTAL of Expenditures This Page (optional).....▶				<input type="checkbox"/>			
TOTAL This Period (last page this line number only).....▶				<input type="checkbox"/>			

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Agendausa

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

n/a

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....

%

Nonfederal

%

n/a

This ratio applies to (check all that apply):

Administrative ☐

Generic Voter Drive ☐

Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Agenda USA

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

n/a

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

. %

NONFEDERAL %

. %

ACTIVITY OR EVENT IDENTIFIER

n/a

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

. %

NONFEDERAL %

. %

ACTIVITY OR EVENT IDENTIFIER

n/a

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

. %

NONFEDERAL %

. %

ACTIVITY OR EVENT IDENTIFIER

n/a

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

. %

NONFEDERAL %

. %

ACTIVITY OR EVENT IDENTIFIER

n/a

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

. %

NONFEDERAL %

. %

ACTIVITY OR EVENT IDENTIFIER

n/a

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

. %

NONFEDERAL %

. %

2016-01-21 00:04:08-1

SCHEDULE H4 (FEC Form 3X)

**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Agenda usa

A. Full Name (Last, First, Middle Initial)

n/a

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

n/a

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Full Name (Last, First, Middle Initial)

n/a

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

PAGE	OF
FOR LINE 18b OF FORM 3X	

Agenda

$$h/a$$
$$h/a$$
$$h/a$$

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
 (To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

Agendausa

A. Full Name (Last, First, Middle Initial) / Full Organization Name

n/a

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

/ /

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

n/a

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

/ /

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

n/a

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

/ /

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

2016-01-21 PM 00:04:08.41

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

Agenda usa

COLUMN A
TOTAL THIS PERIOD

COLUMN B
YEAR-TO-DATE

1. RECEIPTS FROM PERSONS

(a) Itemized
(Use Schedule L-A)

(b) Unitemized

(c) Total

2. OTHER RECEIPTS

3. TOTAL RECEIPTS

(Add Lines 1c and 2)

4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT
(Use Schedule L-B)

(a) Voter Registration

(b) Voter ID

(c) GOTV

(d) Generic Campaign

(e) Total

5. OTHER DISBURSEMENTS

6. TOTAL DISBURSEMENTS

(Add Lines 4e and 5)

7. BEGINNING CASH ON HAND

(for Column B, use cash as of January 1st)

8. RECEIPTS

(from Line 3)

9. SUBTOTAL

(Add Lines 7 and 8)

10. DISBURSEMENTS

(From Line 6)

11. ENDING CASH ON HAND

(Subtract Line 10 From Line 9)

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

Agenda USA

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

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CAMPAIGN FINANCE ANALYST
FEDERAL ELECTION COMMISSION
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WASHINGTON, DC 20463

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(3/2015)

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